I hereby certify that the foregoing certificate is a true photocopy of the record on file in this office
This 8th day of July 19 61
Kathleen E. Fuller
LORAIN COUNTY, OHIO, REGISTRAR

PLACE OF BIRTH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF BIRTH

County of Lorain

Township of _____
or
Village of Amherst
or
City of _____

Registration District No. 752.
Primary Registration District No. 2793

File No. _____
Registered No. 11

No. Amherst Hospital St., _____ Ward
(If birth occurred in a hospital or institution, give Name instead of street and number)

FULL NAME OF CHILD Gene William Poor. {If child is not yet named, make supplemental report, as directed

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	1 14 1943

FATHER

FULL NAME Gene Hunter Poor.

RESIDENCE Including P. O. Address 140 Astal St. Amherst O.

COLOR or RACE white

AGE AT LAST BIRTHDAY 20 (Years)

Birthplace (city or place) Elyria
(State or county) O

OCCUPATION
a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turret Lathe
b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Western Auto
c. Date (month and year) last engaged in this work _____, 19__
g. Total time (years) mo. spent in this work 11

MOTHER

FULL MAIDEN NAME May Catherine Smith

RESIDENCE Including P. O. Address same

COLOR or RACE white

AGE AT LAST BIRTHDAY 20 (Years)

Birthplace (city or place) Amherst
(State or county) O

OCCUPATION
d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
e. Industry or business in which work was done, as own home, employer's office, silk mill, etc. Home
f. Date (month and year) last engaged in this work _____, 19__
h. Total time (years) spent in this work _____

Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____

Is the child congenitally deformed? No
Was Prophylactic against Ophthalmia Neonatorum used? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:37 a m. on the date above stated.

{When there was no attending physician or midwife, then the father, householder, etc., should make this return.}

(Signed) M E. Kirkman, M. D.
or _____, Midwife
Address Lorain O

Given name added from a supplemental report _____ (Date of)

Filed 2-6, 1943 Charles Miller REGISTRAR

REGISTRAR

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

STATE OF OHIO
OFFICE OF VITAL STATISTICS

CERTIFICATION OF BIRTH

STATE FILE NUMBER	1943004826	**DATE RECORD FILED**	02/06/1943
NAME	GENE WILLIAM POOR		
DATE OF BIRTH	01/14/1943	**SEX**	Male
BIRTHPLACE	OHIO		
MOTHER'S NAME	MAY CATHERINE POOR	**FATHER'S NAME**	GENE HUNTER POOR
MAIDEN NAME	SMITH		
MOTHER'S BIRTHPLACE	OHIO	**FATHER'S BIRTHPLACE**	OHIO

Note:

This is a true certification of the name and birth facts as recorded in the Office of Vital Statistics, Columbus, Ohio. Witness my signature and seal of the Department of Health this 05 day of August, 2014

Judith B Nagy

State Registrar of Vital Statistics

H3946964

LORAIN CITY HEALTH DEPT

REV. 6/2009

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW